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Image# 201601299004788083

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X   For	or Other Than	An Authorized	l Committe	ee		Office Hee Only
1. NAME OF TOOMMITTEE (in full)	ΓΥΡΕ OR PRINT ▼		mple: If typir	ng, type	12FE4M5	Office Use Only
OHIO STATE MEDICA	L ASSOCIAT			ON COMI	MITTEE (	OSMAPAC)
ADDRESS (number and street)	5115 Parkcenter	Ave				
Check if different than previously reported. (ACC)	Ste 200  Dublin				ОН	43017
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦		8	STATE 🛦	ZIP CODE ▲
C C00003327		3. IS THIS REPORT	<b>\</b>	IEW N) <b>OR</b>	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 X January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(c) 12-Day PRE-EI Report  (d) 30-Day POST-I	lection for the:		12C)	Sep	in the State of
5. Covering Period 07	01	2015	through	12	31	2015
I certify that I have examined this  Type or Print Name of Treasurer	Report and to th	•	wledge and b	elief it is tru	e, correct and	I complete.
Signature of Treasurer Timoth	ny I. Maglione JD		[Electronically		ate 01	29 / 2016 2016
NOTE: Submission of false, erroned Office	Jus, or incomplete	mormation may st	ibject the pers	on signing th	is neport to th	FEC FORM 3X
Use Only						Rev. 12/2004

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>3</b> .	(a) Cash on Hand January 1, 2015		220032.66
	(b) Cash on Hand at Beginning of Reporting Period	229139.53	
	(c) Total Receipts (from Line 19)	26957.61	88879.54
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	256097.14	308912.20
·.	Total Disbursements (from Line 31)	15911.05	68726.11
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240186.09	240186.09
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)

Report Covering the Period: From: 07	01 2015	To: 12 31 / Y 2015				
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11. Contributions (other than loans) From:  (a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A)	24473.92	80603.25				
(i) itemized (use oblication ry						
(ii) Unitemized(iii) TOTAL (add	2347.98	8002.50				
Lines 11(a)(i) and (ii)	26821.90	88605.75				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees (such as PACs)	0.00	0.00				
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)▶	26821.90	88605.75				
2. Transfers From Affiliated/Other	0.00	0.00				
Party Committees	0.00	0.00				
3. All Loans Received	0.00	0.00				
4. Loan Repayments Received	0.00	0.00				
5. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5)	0.00	0.00				
6. Refunds of Contributions Made		7				
to Federal Candidates and Other						
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	135.71	273.79				
8. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,					
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	26957.61	88879.54				
0. Total Federal Receipts	20077.01	20072 5 1				
(subtract Line 18(c) from Line 19)▶	26957.61	88879.54				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal	Total Ting I Gliou	Calcilual Teal-10-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
Ī		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	60.21
Expenditures	0.00	00.21
(add 21(a)(i), (a)(ii), and (b))▶	0.00	60.21
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	3.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(dee concade 1)		
Loan Repayments Made	0.00	0.00
F		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))▶	7 7	7
Other Disbursements	15911.05	68665.90
Other Biobardeniente	10011.00	7
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levill Share(b) Federal Election Activity Paid Entirely	3.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15911.05	68726.11
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15911.05	68726.11

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26821.90	88605.75
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26821.90	88605.75
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	60.21
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	60.21

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE	PAGE	6	OF	63		
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or for commercial purposes, other than using	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Manu Bala Aggarwal MD  Mailing Address 3026 Mills Rd		Date of Receipt
City Lima	State Zip Code OH 45806-9422	10 16 2015  Transaction ID : SA11Al.6323  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Vein Care Center	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  John Paul Anders MD  Mailing Address 4126 N Holland Sylvania Ro	d Ste 200	Date of Receipt  10 21 2015
City Toledo	State Zip Code OH 43623-3537	Transaction ID : SA11Al.6308  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	350.00
Name of Employer Anders Dermatology Inc	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)  David Terrence Applegate MD		Date of Receipt
Mailing Address 1044 Columbus Ave		12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marysville	State Zip Code OH 43040-8337	Transaction ID : SA11AI.6207  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Marysville Primary Care	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	850.00
TOTAL This Period (last page this line number		

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	CIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Anthony Joseph Armstrong MD  Mailing Address 3425 Executive Pkwy Ste 200	0	Date of Receipt
City Toledo  FEC ID number of contributing federal political committee.  Name of Employer Mercy OB/GYN Associates - Westfield Receipt For:	State Zip Code OH 43606-1333  C Occupation Physician  Aggregate Year-to-Date ▼	7 15 2015 Transaction ID : SA11AI.6186 Amount of Each Receipt this Period 83.33
Primary General Other (specify) ▼	333.32	
Full Name (Last, First, Middle Initial)  Anthony Joseph Armstrong MD  Mailing Address 3425 Executive Pkwy Ste 200  City	) State Zip Code	Date of Receipt  08 21 2015
Toledo  FEC ID number of contributing federal political committee.	OH 43606-1333	Transaction ID : SA11AI.6161  Amount of Each Receipt this Period  83.33
Name of Employer  Mercy OB/GYN Associates - Westfield  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  416.65	
Full Name (Last, First, Middle Initial) Anthony Joseph Armstrong MD Mailing Address 3425 Executive Pkwy Ste 20  City Toledo  FEC ID number of contributing federal political committee.	State Zip Code OH 43606-1333	Date of Receipt  10 26 2015  Transaction ID : SA11Al.6296  Amount of Each Receipt this Period  83.33
Name of Employer  Mercy OB/GYN Associates - Westfield  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  499.98	
SUBTOTAL of Receipts This Page (optional)		249.99
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	CIATION POLITICAL ACTION CC	DMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Anthony Joseph Armstrong MD  Mailing Address 3425 Executive Pkwy Ste 200		Date of Receipt
City Toledo  FEC ID number of contributing federal political committee.	State Zip Code OH 43606-1333	11 30 2015  Transaction ID : SA11AI.6267  Amount of Each Receipt this Period  83.33
Name of Employer  Mercy OB/GYN Associates - Westfield  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  583.31	
Full Name (Last, First, Middle Initial)  Anthony Joseph Armstrong MD  Mailing Address 3425 Executive Pkwy Ste 200  City Toledo  FEC ID number of contributing federal political committee.  Name of Employer Mercy OB/GYN Associates - Westfield  Receipt For:  Primary General Other (specify)	State Zip Code OH 43606-1333  C  Occupation Physician  Aggregate Year-to-Date ▼  666.64	Date of Receipt  11 30 2015  Transaction ID : SA11Al.6268  Amount of Each Receipt this Period  83.33
Full Name (Last, First, Middle Initial) Anthony Joseph Armstrong MD Mailing Address 3425 Executive Pkwy Ste 200 City Toledo FEC ID number of contributing federal political committee.  Name of Employer Mercy OB/GYN Associates - Westfield Receipt For: Primary General Other (specify)	State Zip Code OH 43606-1333  C Occupation Physician  Aggregate Year-to-Date ▼ 749.97	Date of Receipt  12 19 2015  Transaction ID: SA11AI.6217  Amount of Each Receipt this Period  83.33
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	249.99
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

	_	LINE	PAGE	9	OF	63			
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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
/	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Ramagopala Reddy Avutu MD  Mailing Address 10880 Waterbury Ridge Ln		Date of Receipt
City Dayton	State Zip Code OH 45458-6057	07 13 2015  Transaction ID : SA11Al.6203  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. Roger John Balogh MD  Mailing Address 3880 New Riley Rd		Date of Receipt
City Dresden	12 11 2015  Transaction ID : SA11AI.6232  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Ohio Psychiatric Associates Inc Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Jaye E Benjamin MD		Date of Receipt
Mailing Address 36060 Euclid Ave Ste 202		12 11 2015
City Willoughby	State         Zip Code           OH         44094-4661	Transaction ID : SA11Al.6236  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Jaye Benjamin MD	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	750.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:							PAGE	PAGE 10 OF				63
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Jeffrey Neil Boulter MD  Mailing Address 1860 Shawnee Rd		Date of Receipt
City	State Zip Code	10 16 2015 Transaction ID : SA11Al.6321
Lima	OH 45805-3853	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Premier Physician Services - Lima	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	
Full Name (Last, First, Middle Initial)  3. Thomas Boynton Bralliar MD	•	Date of Receipt
Mailing Address 22089 Shaker Blvd		09 112015
City	State Zip Code	Transaction ID : SA11AI.6132
Shaker Heights	OH 44122-2643	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
The Cleveland Clinic Foundation	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  . James Allen Bryant MD	•	Date of Receipt
Mailing Address 1775 Delco Park Dr		11 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.6286
Dayton	OH 45420-1398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Ohio Pediatrics Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	434.00	
SUBTOTAL of Receipts This Page (optional)	·····	1600.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Full Name (Last, First, Middle Initial)  J Jeffery Cameron MD  Mailing Address 13170 Ravenna Rd Ste	116	Date of Receipt
		10 30 2015
City	State Zip Code	Transaction ID : SA11AI.6292
Chardon	OH 44024-7022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
J Jeffery Cameron MD	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial) Brett Malcolm Coldiron MD, FA	CP	Date of Receipt
Mailing Address 3024 Burnet Ave		M = M / D = D / Y = Y = Y
City	State Zip Code	12 16 2015 Transportion ID : \$411AL 6225
Cincinnati	OH 45219-2420	Transaction ID : SA11AI.6225  Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
The Skin Cancer Center	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1300.00	
Full Name (Last, First, Middle Initial) Deborah Louise Cole-Sedivy	DO	Date of Receipt
Mailing Address 2895 Halstead Rd		11 05 2015
City	State Zip Code	Transaction ID : SA11AI.6261
Columbus	OH 43221-2915	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Monarch Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify)	250.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	CIATION POLITICAL ACTION CC	
Full Name (Last, First, Middle Initial)  Mary Lynn Corbly-Martin MD  Mailing Address, 7613 Sup Hill Dr.		Date of Receipt
Mailing Address 7613 Sun Hill Dr		12 012015
City	State Zip Code	Transaction ID : SA11AI.6257
Portsmouth	OH 45662-5749	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Bipin M. Desai MD		Date of Receipt
Mailing Address 1125 Ellen Kay Dr Ste D		10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Marion	State Zip Code OH 43302-6358	Transaction ID : SA11AI.6291
FEC ID number of contributing federal political committee.	C 43302-0336	Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Bipin M Desai MD	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Richard Allen Fankhauser MD		Date of Receipt
Mailing Address 1911 Marblecliff Crossing Ct		08 20 / Y Y Y Y Y Y
City Columbus	State Zip Code OH 43204-4968	Transaction ID : SA11AI.6169  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Columbus Bone Joint & Hand Surgeons In	Director, Mount Carmel Orthopaedic Res	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Carl Joseph Foster MD  Mailing Address 200 5 80 to 80 5 10		Date of Receipt
Mailing Address 200 E State St Fl 2		11 30 2015
City Alliance	State Zip Code OH 44601-4936	Transaction ID : SA11AI.6275  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer  Anesthesia Associates Of Alliance LLC  Receipt For:	Occupation Physician Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Gayle Anne Galan MD  Mailing Address 1742 Rock Hill Ln		Date of Receipt
City Akron	State Zip Code OH 44313-8019	08 26 2015  Transaction ID : SA11Al.6147  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer TeamHealth - Northeast Group	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Nancy Lynn Gantt MD, FACS		Date of Receipt
Mailing Address 1669 Walker Mill Rd		12 30 2015 _
City Poland	State Zip Code OH 44514-3639	Transaction ID : SA11AI.6209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer HMHP Physicians Associates - Boardman	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1500.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
/	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Scott Keith Henderson MD  Mailing Address 325 Blandford Dr		Date of Receipt
City Worthington  FEC ID number of contributing federal political committee.  Name of Employer Midwest Physician Anesthesia Services Receipt For:	State Zip Code OH 43085-3519  C Occupation Physician	11 20 2015  Transaction ID : SA11AI.6279  Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Richard Thomas Hoback MD  Mailing Address 7702 Normandy Ln  City	State Zip Code	Date of Receipt  12 11 2015  Transaction ID : SA11Al.6244
Centerville  FEC ID number of contributing federal political committee.	OH 45459-4118	Amount of Each Receipt this Period 250.00
Name of Employer Center-Med Family Practice  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Mark Eugene Hostettler MD  Mailing Address 921 Dogwood Trl		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Alliance  FEC ID number of contributing federal political committee.	State Zip Code OH 44601-5299	Transaction ID : SA11AI.6188  Amount of Each Receipt this Period  100.00
Name of Employer  Internal Medicine Physicians  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	600.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Mark Eugene Hostettler MD  Mailing Address 921 Dogwood Trl		Date of Receipt
City Alliance	State Zip Code OH 44601-5299	08 21 2015  Transaction ID : SA11Al.6166  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Internal Medicine Physicians	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Mark Eugene Hostettler MD  Mailing Address 921 Dogwood Trl		Date of Receipt
City Alliance	State Zip Code OH 44601-5299	09 28 2015  Transaction ID : SA11AI.6101  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer Internal Medicine Physicians	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial)  Mark Eugene Hostettler MD		Date of Receipt
Mailing Address 921 Dogwood Trl		11 30 / Y = Y = Y = Y
City Alliance	State Zip Code OH 44601-5299	Transaction ID : SA11Al.6276  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Internal Medicine Physicians	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
SUBTOTAL of Receipts This Page (optional).		300.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)					
Full Name (Last, First, Middle Initial)  Roger John Hunter MD		Date of Receipt					
Mailing Address 2600 Clairmont Ct		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Columbus	State Zip Code OH 43220-4217	Transaction ID : SA11Al.6246  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer  Midwest Physician Anesthesia Services Receipt For:	Occupation Physician						
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial)  Wainwright Anthony Jaggernauth  Mailing Address 3000 Regency Ct Ste 207	n MD	Date of Receipt					
City Toledo	State Zip Code						
FEC ID number of contributing federal political committee.	C 43023-3061	Amount of Each Receipt this Period  21.00					
Name of Employer Toledo Radiation Oncology Inc	Occupation Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00						
Full Name (Last, First, Middle Initial)  C. Wainwright Anthony Jaggernau	uth MD	Date of Receipt					
Mailing Address 3000 Regency Ct Ste 207		11 30 _2015 _					
City Toledo	State Zip Code OH 43623-3081	Transaction ID : SA11AI.6270  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	21.00					
Name of Employer Toledo Radiation Oncology Inc	Occupation Physician	-					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  231.00						
SUBTOTAL of Receipts This Page (optional	)	1042.00					
TOTAL This Period (last page this line num	per only)						

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Wainwright Anthony Jaggernauth MI  Mailing Address 3000 Regency Ct Ste 207	)	Date of Receipt
City Toledo	State Zip Code OH 43623-3081	12 19 2015  Transaction ID : SA11AI.6219  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	21.00
Name of Employer  Toledo Radiation Oncology Inc	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  252.00	
Full Name (Last, First, Middle Initial)  Robert James Knox MD  Mailing Address 1534 11th St		Date of Receipt  12 012015
City Portsmouth	State Zip Code OH 45662-4524	Transaction ID : SA11Al.6255  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	250.00	
Name of Employer Robert J Knox John D Evans Eye MDs	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Scott David Koncal MD		Date of Receipt
Mailing Address 1869 Amys Ridge Ct  City	State Zip Code	08 26 2015
Beavercreek	OH 45434-7193	Transaction ID : SA11AI.6150  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Miami Valley Emergency Specialists	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	521.00
TOTAL This Period (last page this line numbe	r only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Scott David Koncal MD  Mailing Address 1869 Amys Ridge Ct		Date of Receipt
City	State Zip Code	09 11 2015 Transaction ID : SA11Al.6134
FEC ID number of contributing federal political committee.	OH 45434-7193	Amount of Each Receipt this Period 250.00
Name of Employer  Miami Valley Emergency Specialists	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Kenneth Henry Koster MD  Mailing Address 5550 William Henry Harrison	n Ln	Date of Receipt
City Cincinnati	State Zip Code OH 45243-3941	10 30 2015  Transaction ID : SA11Al.6294  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Premier Physician Services - Fairfield	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  2. Jeffrey Howard Lautman MD		Date of Receipt
Mailing Address 25301 Euclid Ave	Chata Zin Coda	08 21 2015
City Euclid	State Zip Code OH 44117-2609	Transaction ID : SA11AI.6165  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Cleveland Kidney & Hypertension Consul  Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00
TOTAL This Period (last page this line number	er only)	

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Robert Sievers Lenobel MD  Mailing Address 8030 Peregrine Ln		Date of Receipt
City Cincinnati	State Zip Code OH 45243-2714	08 31 2015  Transaction ID : SA11AI.6137  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Professional Radiology Inc	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  John Michael Lepi MD  Mailing Address 830 Bethesda Dr Ste 2	Date of Receipt  12 08 _2015 _	
City Zanesville	State Zip Code OH 43701-1895	Transaction ID : SA11AI.6205  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer John M Lepi MD Inc Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Agnes Alice Lina MD		Date of Receipt
Mailing Address 3411 Rumson Rd		09
City Cleveland	State Zip Code OH 44118-1362	Transaction ID : SA11AI.6131  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer University Hospital Medical Group	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	750.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)					
Full Name (Last, First, Middle Initial)  Blane William McCoy MD  Mailing Address 2004 Hidden Canada Da		Date of Receipt					
Mailing Address 2604 Hidden Canyon Dr		11 30 / 2015					
City Brecksville	State Zip Code OH 44141-3530	Transaction ID : SA11AI.6272  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	500.00					
Name of Employer Southwest Orthopaedics Inc	Occupation Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00						
Full Name (Last, First, Middle Initial)  Michael James McCrea MD  Mailing Address 2017 Lexington Dr		Date of Receipt					
City	ty State Zip Code						
Perrysburg  FEC ID number of contributing federal political committee.	OH 43551-5449	Amount of Each Receipt this Period 250.00					
Name of Employer Lucas County Em	Occupation Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
Full Name (Last, First, Middle Initial)  C. Karen Mihalik-Potoczak MD		Date of Receipt					
Mailing Address 32428 Nottingham Dr		09 11 2015 _					
City Avon Lake	State Zip Code OH 44012-2192	Transaction ID : SA11Al.6129  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer  North Coast OB/GYN & North Coast Laser	Occupation Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
SUBTOTAL of Receipts This Page (optional)		1000.00					
TOTAL This Period (last page this line number	r only)						

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NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION C	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Carl Augustine Minning MD Mailing Address 2935 Maple Ave		Date of Receipt
City	State Zip Code	12 01 2015 Transaction ID : SA11Al.6248
Zanesville	OH 43701-1487	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	1
Eye Surgery Associates Of Zanesville I	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Joseph Michael Morman MD	•	Date of Receipt
Mailing Address 247 S Burnett Rd Ste 210		M = M / D = D / Y = Y = Y
City	State Zip Code	09 25 2015 Transaction ID : SA11Al.6117
Springfield	OH 45505-2663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Family Physicians Of Springfield Inc	Physician	4
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	'	
. Mark Glenn Moseley MD		Date of Receipt
Mailing Address 7801 Holiston Ct		09 11 2015
City	State Zip Code	Transaction ID : SA11AI.6123
Dublin	OH 43016-8659	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
OSU Department Of Emergency	Associate Professor Of Emergency Medic	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	1	750.00

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	CIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Shailesh Ravjibhai Patel MD, FACC		Date of Receipt
Mailing Address 5969 E Broad St Ste 202		07 17 2015
City	State Zip Code	Transaction ID : SA11AI.6177
Columbus	OH 43213-1546	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Columbus Cardiovascular Associates Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Alva Burton Payne MD		Date of Receipt
Mailing Address 2119 N 2nd St	08 21 2015	
City	State Zip Code	Transaction ID : SA11AI.6167
Ironton	OH 45638-1055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer	Occupation	
Burton Payne, MD	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.30	
Full Name (Last, First, Middle Initial)  Alva Burton Payne MD		Date of Receipt
Mailing Address 2119 N 2nd St		09 28 2015
City	State Zip Code	Transaction ID : SA11AI.6115
Ironton	OH 45638-1055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer	Occupation	
Burton Payne, MD	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	249.96	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	583.32
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL AS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  A. Alva Burton Payne MD  Mailing Address 2119 N 2nd St		Date of Receipt
City Ironton	State Zip Code OH 45638-1055	10 26 2015  Transaction ID : SA11AI.6305  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer  Burton Payne, MD  Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62	
Full Name (Last, First, Middle Initial)  Alva Burton Payne MD  Mailing Address 2119 N 2nd St		Date of Receipt
City Ironton	State Zip Code OH 45638-1055	11 30 2015 Transaction ID : SA11AI.6277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer Burton Payne, MD	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.28	
Full Name (Last, First, Middle Initial)  Alva Burton Payne MD	•	Date of Receipt
Mailing Address 2119 N 2nd St	State Zip Code	12 19 2015
City Ironton	State Zip Code OH 45638-1055	Transaction ID : SA11AI.6221  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.66
Name of Employer  Burton Payne, MD  Receipt For:	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  374.94	
SUBTOTAL of Receipts This Page (optional	il)	124.98
TOTAL This Period (last page this line nun	nber only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  A. Douglas Chapman Prince MD		Date of Receipt
Mailing Address 1 Childrens Plz		11 20 2015
City Dayton	State Zip Code OH 45404-1873	Transaction ID : SA11AI.6285
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	1000.00
Name of Employer	Occupation	
Childrens Emergency Services Inc Receipt For:	Physician	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Louis William Ralofsky MD		Date of Receipt
Mailing Address 110 N Main St Ste 370		07 23 _2015 _
City	State Zip Code	Transaction ID : SA11AI.6175
Dayton	OH 45402-3729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Premier Health Group	President & CEO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  C. Yagnesh Rameshwer Raval ME	)	Date of Receipt
Mailing Address 3130 N County Road 25a X-Ray Dept		10 16 _ 2015 _
City City	State Zip Code	Transaction ID : SA11AI.6320
Troy	OH 45373-1337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Upper Valley Medical Center	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		2250.00
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TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  A. David George Reed MD  Mailing Address 7087 West Blvd Ste 5		Date of Receipt
		08 26 2015
City Youngstown	State Zip Code OH 44512-4335	Transaction ID : SA11AI.6149  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
David G Reed MD Inc	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Joseph Michael Restivo MD, FAC  Mailing Address 1900 23rd St Ste 1000	С	Date of Receipt
		07 14 2015
City	State Zip Code	Transaction ID: SA11AI.6193
Cuyahoga Falls	OH 44223-1404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Western Reserve Hospital Physicians In	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial)  C. Robert Clark Rhoad MD		Date of Receipt
Mailing Address 6685 Wyman Ln		11 20 2015
City Cincinnati	State Zip Code OH 45243-2723	Transaction ID : SA11AI.6283  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	-
Wellington Orthopaedic & Sports Medici	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		850.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL AS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Jennifer Mylius Ridge MD  Mailing Address 240 N Burist Rhyde		Date of Receipt
Mailing Address 210 N Breiel Blvd		12 01 7 2015
City Middletown	State Zip Code OH 45042-3808	Transaction ID : SA11AI.6250  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Comprehensive Dermatology Receipt For:	Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. John Paul Robinson DO		Date of Receipt
Mailing Address 2216 Cross Creek Trl		09 21 _2015 _
City	State Zip Code	Transaction ID : SA11AI.6119
Cuyahoga Falls	OH 44223-1273	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Internal Medicine Of Ellet Receipt For:	Clinical Assistant Professor, Akron Ge	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Marvin Horton Rorick MD		Date of Receipt
Mailing Address 111 Wellington Pl		12 162015
City Cincinnati	State Zip Code OH 45219-1758	Transaction ID : SA11AI.6222  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Riverhills Neuroscience Inc	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	ll)	1000.00
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  James Richard Rowbottom MD  Mailing Address 11100 Euclid Ave Ste 2517		Date of Receipt
	0)	07 13 2015
City Cleveland	State Zip Code OH 44106-1716	Transaction ID : SA11AI.6195  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  University Hospital Medical Group  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Charles Edward Russell MD, DAB  Mailing Address 579 Rustic Trl  City	AM State Zip Code	Date of Receipt  11 20 2015  Transaction ID: SA11AL6288
Dayton	OH 45434-7337	Transaction ID : SA11AI.6288  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Oxyclean/NOT Ltd	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Jeffrey Steven Sams MD		Date of Receipt
Mailing Address 150 Taylor Station Rd Ste 2	290	07 27 2015
City Columbus	State Zip Code OH 43213-4440	Transaction ID : SA11AI.6173  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Jeffrey Steven Sams MD	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  A. Robert E Schulz MD		Date of Receipt
Mailing Address 11821 Overton Rd		12 11 2015
City Burbank	State Zip Code OH 44214-9766	Transaction ID : SA11AI.6238  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  3. John Robert Seyerle MD  Mailing Address 516 Hilltop Ln		Date of Receipt
City	State Zip Code	12 30 2015 Transaction ID : SA11Al.6213
Wyoming	OH 45215-2531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Allergy & Asthma Care Inc	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Samir Joseph Shaia DO		Date of Receipt
Mailing Address 31000 Wilderness Trl		07 17 _2015 _
City Westlake	State Zip Code OH 44145-1794	Transaction ID : SA11Al.6179  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Orthopaedic Associates Inc	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	750.00
	ber only)	, , , , , , , , , , , , , , , , , , , ,

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Kathy Peccatiell Sorger MD  Mailing Address 7830 Hartford Hill Ln		Date of Receipt
City Cincinnati	State Zip Code OH 45242-4324	10 16 2015  Transaction ID : SA11AI.6318  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupation	250.00
Name of Employer  Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  R. Scott Stienecker MD  Mailing Address 2693 Amanda Lakes Dr		Date of Receipt
City Lima	State Zip Code OH 45805-4460	11 20 2015 Transaction ID : SA11Al.6289
FEC ID number of contributing federal political committee.	C 43003-4400	Amount of Each Receipt this Period  250.00
Name of Employer Parkview Physicians Group Receipt For:	Occupation  Medical Director	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  James Michael Sudimack MD, F	ACEP	Date of Receipt
Mailing Address 2774 Timber Creek Dr N  City	State Zip Code	12 11 2015 Transaction ID : SA11AL 5242
Cortland	OH 44410-1756	Transaction ID : SA11AI.6242  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer  Trumbull Memorial Hospital	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	CIATION POLITICAL ACTION CC	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Lance Allen Talmage MD		Date of Receipt
Mailing Address 2150 W Central Ave		07 15 2015
City	State Zip Code	Transaction ID : SA11AI.6191
Toledo	OH 43606-3834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	81.00
Name of Employer	Occupation	
The University Of Toledo College Of Me	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	324.00	
Full Name (Last, First, Middle Initial)  3. Lance Allen Talmage MD		Date of Receipt
Mailing Address 2150 W Central Ave		08 21 2015
City	State Zip Code	Transaction ID : SA11AI.6162
Toledo	OH 43606-3834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	81.00
Name of Employer	Occupation	
The University Of Toledo College Of Me	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	
Full Name (Last, First, Middle Initial)  Lance Allen Talmage MD		Date of Receipt
Mailing Address 224 W Exchange St Ste 220		08 26 2015
City	State Zip Code	Transaction ID : SA11AI.6145
Akron	OH 44302-1726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Anesthesiology Associates Of Akron Inc	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	412.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial)  Lance Allen Talmage MD  Mailing Address 2150 W Central Ave		Date of Receipt
City Toledo	State Zip Code OH 43606-3834	09 28 2015  Transaction ID : SA11Al.6099  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	81.00
Name of Employer  The University Of Toledo College Of Me Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 486.00	
Full Name (Last, First, Middle Initial)  Lance Allen Talmage MD  Mailing Address 2150 W Central Ave		Date of Receipt  10 26 2015
City Toledo	State Zip Code OH 43606-3834	Transaction ID : SA11AI.6297  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	81.00
Name of Employer The University Of Toledo College Of Me	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 567.00	
Full Name (Last, First, Middle Initial)  Lance Allen Talmage MD		Date of Receipt
Mailing Address 2150 W Central Ave	Out. 7. Out.	11 30 2015
City Toledo	State Zip Code OH 43606-3834	Transaction ID : SA11AI.6269  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	81.00
Name of Employer  The University Of Toledo College Of Me	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 648.00	
SUBTOTAL of Receipts This Page (optional).	•	243.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)
Full Name (Last, First, Middle Initial) Lance Allen Talmage MD  Mailing Address 2150 W Central Ave		Date of Receipt
City Toledo	State Zip Code OH 43606-3834	12 19 2015  Transaction ID : SA11AI.6218  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	81.00
Name of Employer  The University Of Toledo College Of Me Receipt For:	Occupation Physician	
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  729.00	
Full Name (Last, First, Middle Initial)  Jesse Ellis Templeton MD  Mailing Address 24723 Detroit Rd		Date of Receipt  07 13 2015
City Westlake	State Zip Code OH 44145-2526	Transaction ID : SA11Al.6197  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Orthopaedic Associates Inc Receipt For:	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Andrew McLean Thomas MD, MI	BA	Date of Receipt
Mailing Address 4516 Amity Rd	7. 0	09 28 2015
City Hilliard	State Zip Code OH 43026-8465	Transaction ID : SA11AI.6096  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	41.66
Name of Employer Wexner Medical Center	Occupation Chief Medical Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  208.30	
SUBTOTAL of Receipts This Page (optional)		622.66
TOTAL This Period (last page this line number	r only)	

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or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL AS	SOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)				
	Andrew McLean Thomas MD, MBA					
Mailing Address 4516 Amity Rd	10 26 Y Y Y Y Y Y					
City Hilliard	State Zip Code OH 43026-8465	Transaction ID : SA11Al.6295  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.66				
Name of Employer Wexner Medical Center	Occupation Chief Medical Officer	-				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  249.96	-				
Full Name (Last, First, Middle Initial)  Andrew McLean Thomas MD, M  Mailing Address 4516 Amity Rd	Date of Receipt					
City Hilliard	State Zip Code OH 43026-8465	Transaction ID : SA11Al.6266  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	41.66					
Name of Employer Wexner Medical Center	Occupation Chief Medical Officer	-				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.62					
Full Name (Last, First, Middle Initial)  C. Andrew McLean Thomas MD,	MBA	Date of Receipt				
Mailing Address 4516 Amity Rd						
City Hilliard	State Zip Code OH 43026-8465	Transaction ID : SA11AI.6216  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	41.66				
Name of Employer Wexner Medical Center	Occupation Chief Medical Officer	-				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.28	-				
SUBTOTAL of Receipts This Page (optional	I)	124.98				
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSO	OCIATION POLITICAL ACTION CO	DMMITTEE (OSMAPAC)		
Full Name (Last, First, Middle Initial) John O Vlad MD, FAAP  Mailing Address 2654 State Route 5 Ste C	Date of Receipt			
City Cortland  FEC ID number of contributing	State Zip Code OH 44410-9393	07 13 2015  Transaction ID : SA11AI.6201  Amount of Each Receipt this Period  250.00		
federal political committee.  Name of Employer  Vlad Pediatrics  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial)  Karla Volke DO  Mailing Address 6641 Roberts Ln	Date of Receipt  08 27 2015			
City Wooster  FEC ID number of contributing federal political committee.	State Zip Code OH 44691-7778	Transaction ID: SA11AI.6139  Amount of Each Receipt this Period  250.00		
Name of Employer Wayne County Radiology Inc  Receipt For:  Primary  General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial) Andrew Jack Wherley MD Mailing Address 658 Boulevard St  City Dover	State Zip Code OH 44622-2027	Date of Receipt  10 16 2015  Transaction ID : SA11AI.6310  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.  Name of Employer  Andrew J Wherley MD Ltd  Receipt For:  Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  350.00	350.00		
SUBTOTAL of Receipts This Page (optional)		850.00		
TOTAL This Period (last page this line number	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	: 3	35	OF	63		
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or for commercial purposes, other than usi	ng the name and address of any political committee to	o solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL AS	SSOCIATION POLITICAL ACTION CO	OMMITTEE (OSMAPAC)				
Full Name (Last, First, Middle Initial)  A. Maureen Yvonne Yablonski MD	Maureen Yvonne Yablonski MD					
Mailing Address 30 Messimer Dr	09 11 2015					
City	Transaction ID : SA11AI.6125					
Newark	OH 43055-3756	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer	Occupation	]				
Moundview Obstetrics & Gynecology Inc Receipt For:	Physician	-				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00					
Full Name (Last, First, Middle Initial)  3.		Date of Receipt				
Mailing Address	M = M / D = D / Y = Y = Y					
City	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C					
Name of Employer	Occupation					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name (Last, First, Middle Initial)	·	Date of Receipt				
Mailing Address	Mailing Address					
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	The state of the s				
Name of Employer						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (option	nal)	1000.00				
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TOTAL This Period (last page this line nu	mber only)	24473.92				

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 OF 63					
ΙT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	ly one)				
		Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b				
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	for commercial purposes, other than using the name							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL A	CTION CC	OMMITTEE (OSMAPAC)				
<u></u>	Full Name (Last, First, Middle Initial)							
A.	AMPAC	Date of Disbursement						
	Mailing Address 25 Massachusetts Ave NW Ste 600	12 18 2015						
	City	State Zip Code		Transaction ID : SB29.5984				
	Washington	DC 20001-7400		Transaction ID : 3629.3964				
	Purpose of Disbursement voided check from 3/26/09			Amount of Each Disbursement this Period				
	Candidate Name		Category/					
			Type	-5420.00				
		nent For: 2010						
	President	Primary General Other (specify) ▼						
	State: District:	Caron (opcomy)						
	Full Name (Last, First, Middle Initial)							
В.	AMPAC			Date of Disbursement  12 18 2015				
	Mailing Address Of Massachusetts Ass NIM Oc. 00	0						
	Mailing Address 26 Massachusetts Ave NW Ste 60		12 18 2015					
	,	State Zip Code		Transaction ID : SB29.5986				
	Washington Purpose of Disbursement	DC 20001-7400						
	voided check from 2/26/09			Amount of Each Disbursement this Period				
	Candidate Name		Category/	500.00				
			Туре	-500.00				
		nent For: 2010						
	President	Primary General Other (specify)						
	State: District:	<b>(</b> •  <b>,</b> ••••••••••••••••••••••••••••••••••						
	Full Name (Last, First, Middle Initial)							
C.	Butler For Ohio		Date of Disbursement					
	Mailing Address 707 Miami Centerville Rd	11 16 2015						
	Ste 146		1. 10 2010					
	City		Transaction ID : SB29.5988					
	Centerville Purpose of Disbursement							
			Amount of Each Disbursement this Period					
	Candidate Name		Category/					
	000		Type	500.00				
		nent For: 2016 Primary General						
	President	Other (specify)						
	State: District:	· · · · · · · · · · · · · · · · · · ·						
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam									
$\setminus$	NAME OF COMMITTEE (In Full)									
	OHIO STATE MEDICAL ASSOCIA	TION	POLITICAL /	ACTIO	N CC	DMMIT	TEE (O	SMAPAC)		
	Full Name (Last, First, Middle Initial)									
Α.	Citizens For Amstutz					Date o	f Disburse			
	Mailing Address 4456 Wood Lake Trl					12 30 2015				
	City	State	Zip Code					0000 5000		
	Wooster	OH	44691			Trans	saction ID	: SB29.5990		
	Purpose of Disbursement									
						Amoun	t of Each	Disbursement this Period		
	Candidate Name			Categ Typ				2000.00		
	Office Sought: House Disburser	nent For:	2016	- 7  -			,	,		
	Senate	Primary	General							
	President	Other (sp	ecify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	Citizens For Anne Gonzales					Date o	f Disburse	ment		
						M = M	/ D			
	Mailing Address 865 Macon Alley					07	0	9 2015		
		State	Zip Code			Trans	saction ID	: SB29.5992		
	Columbus Purpose of Disbursement	ОН	43206-2652							
	Tulpose of Dispulsement					Amoun	t of Each	Disbursement this Period		
	Candidate Name			0.1	/	7				
				Categ Typ				500.00		
	Office Sought: House Disbursen	nent For:	2016							
	Senate	Primary	General							
	President	Other (sp	ecify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	Citizens For Anne Gonzales					Date o	f Disburse	ment		
	Matter Address 2004					M = M	/ D			
	Mailing Address 866 Macon Alley					10	30	2015		
	City	State	Zip Code							
		ОН	43206-2652			Trans	saction ID	: SB29.5994		
	Purpose of Disbursement									
		L.		Amoun	t of Each	Disbursement this Period				
	Candidate Name				ory/			1000.00		
				Тур	е		-	1000.00		
	Office Sought: House Disburser									
	Senate	Primary	General							
	State: District:	Other (sp	ecity) 🔻							
_	District.									
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$\setminus$	NAME OF COMMITTEE (In Full)													
	OHIO STATE MEDICAL ASSOCIA	TION P	OLITICAL A	CTI	٥N	1 CC	MMI	TTE	E (C	SMA	PAC	;)		
_	Full Name (Last, First, Middle Initial)													
Α.	Citizens For Bill Beagle						Date		isburse	ement	Y I Y	Y	Y	
	Mailing Address 115 S Tippecanoe Dr								08 20 2015					
		State OH	Zip Code				Tra	nsac	tion ID	: SB29	.5996			
	Tipp City Purpose of Disbursement	ОП	45371-1194											
	·			Amo	unt of	Each	Disburs	ement	this	Period				
	Candidate Name				egor ype	ry/			,			500	0.00	
		nent For: 2 Primary Other (spe	General											
	State: District:													
	Full Name (Last, First, Middle Initial)					ĺ								
B.	Citizens For Bishoff							of D	isburse	ement	Y = Y	ı Y	Y	
	Mailing Address 545 E Town St						10 06 2015							
	Columbus	State OH	Zip Code 43215				Tra	nsac	tion ID	: SB29	.5997			
	Purpose of Disbursement				-		A			D:-1		ale te	Deviced	
	Candidate Name					Amo	unt of	Each	Disburs	sement	this	Period		
					egor ype	ry/	L		7			25	0.00	
		nent For: Primary Other (spe	General											
	State: District:	` '	, · ·											
<u> </u>	Full Name (Last, First, Middle Initial)  Citizens For Buehrer						Date	of D	isburse	ement				
	Onizeris i or buerner						M	M	D	D /	V V	Y	Y	
	Mailing Address 319 E Elm St						12	_		8		15		
	City	State	Zip Code				Tra	neac	tion ID	: SB29	5000			
		ОН	43567				IIa	IISac	lion ib	. 3629	.5999			
	Purpose of Disbursement voided check from 8/30/10				-									
	Candidate Name			Cat	egor	ry/	Amo	unt of	Each	Disburs		this		
	Office Occupies   111			Т	ype			_	7			3000		
		nent For:												
	President	Primary	General											
	State: District:	Other (spe	ony) ▼											
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s	UBTOTAL of Disbursements This Page (optional)					<b>•</b>			1			-4250	0.00	
Т	OTAL This Period (last page this line number only)					•			,					

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I Any information conied from such Reports and Statemen									
or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)		•							
OHIO STATE MEDICAL ASSOCIATI	ON POLITICA	AL ACTION	I COMMITT	EE (OSMAPAC)					
Full Name (Last, First, Middle Initial)									
A. Citizens For Cheryl Grossman			Date of	Disbursement					
Moiling Address 2005 Drawn Dark Dr			M = M	/ D D / Y Y Y Y					
Mailing Address 3955 Brown Park Dr Ste A			07	14 2015					
City Stat	te Zip Code	!	_						
Hilliard	43026		Transa	ction ID : SB29.6001					
Purpose of Disbursement			<b>-</b>						
Candidate Name			Amount	of Each Disbursement this Period					
Candidate Name		Categor	y/	250.00					
Office Sought: House Disbursemer	nt For: 2016	Туре							
	mary Gen	eral							
	her (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
B. Citizens For Gardner Committee			Date of	Disbursement					
			M - M	/ D D / Y Y Y Y					
Mailing Address 431 N Prospect St			07	14 2015					
City Stat			Transa	action ID : SB29.6002					
Bowling Green Oh Purpose of Disbursement	H 43402								
Talpood of Bisburgoment			Amount	of Each Disbursement this Period					
Candidate Name		Categor	v/						
		Type	y,	350.00					
	nt For: 2016								
Senate Pri	-	eral							
President Otl	ner (specify) ▼								
	Full Name (Last, First, Middle Initial)								
Full Name (Last, First, Middle Initial)			Date of	Disbursement					
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Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St			M = M	/ D D / Y Y Y Y Y					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Stat			09	/ D D / Y Y Y Y Y					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Star Bowling Green OF			09	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Stat			09 Transa	25 / 2015 action ID : SB29.6004					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Star Bowling Green OF			Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Star Bowling Green OF Purpose of Disbursement  Candidate Name		Categor	Transa Amount	25 / 2015 action ID : SB29.6004					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City State Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Disbursement		Categor	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City State Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Senate Pri	at For: 2016 mary Gene	Categor Type	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City State Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  Prior Ott	1 43402 at For: 2016	Categor Type	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City State Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Senate Pri	at For: 2016 mary Gene	Categor Type	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City Star Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Senate President State: District:	at For: 2016 mary General Gene	Categor Type eral	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period					
Full Name (Last, First, Middle Initial)  C. Citizens For Gardner Committee  Mailing Address 431 N Prospect St  City State Bowling Green OF Purpose of Disbursement  Candidate Name  Office Sought: House Senate President  Prior Ott	at For: 2016 mary General Gene	Categor Type eral	Transa Amount	25 2015  action ID : SB29.6004  of Each Disbursement this Period  1000.00					

S	CHEDULE B (FEC Form 3X)		FOR LINE	IE NUMBER: PAGE 40 OF 63				
	EMIZED DISBURSEMENTS	Use separate schedule	e(s)   (check only	Nomber :				
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Ar	y information copied from such Reports and Stater	nents may not be sold or	r used by any pers	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the name	ne and address of any po	olitical committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
/	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL	L ACTION CO	OMMITTEE (OSMAPAC)				
$\angle$	Full Name (Last, First, Middle Initial)							
Α.	Citizens For Gardner Committee			Date of Disbursement				
	Chizens I of Cardner Committee			M M / D D / Y Y Y Y				
	Mailing Address 431 N Prospect St			12 02 2015				
	,	State Zip Code		Transaction ID : SB29.6003				
	Bowling Green Purpose of Disbursement	OH 43402						
	Tulpose of Disbursement			Amount of Each Disbursement this Period				
	Candidate Name		Catamanul					
			Category/ Type	500.00				
	Office Sought: House Disburser	nent For: 2016	71	, ,				
	Senate	Primary Genera	al					
	President	Other (specify) ▼						
	State: District:							
_	Full Name (Last, First, Middle Initial)							
В.	Citizens For Hottinger			Date of Disbursement				
	Mailing Address 2135 Horns Hill Rd			09 25 2015				
	Mailing Address 2133 Homs Hill Rd			09 23 2013				
	City	State Zip Code		Transaction ID - CD20 C005				
	Newark	OH 43055		Transaction ID : SB29.6005				
	Purpose of Disbursement							
	Candidate Name			Amount of Each Disbursement this Period				
	Candidate Name		Category/	350.00				
	Office Sought: House Disburser	nent For: 2018	Туре					
		Primary Genera	al					
	President	Other (specify) ▼						
	State: District:	•						
	Full Name (Last, First, Middle Initial)							
C.	Citizens For Kevin Bacon			Date of Disbursement				
				M M / D D / Y Y Y Y				
	Mailing Address 260 N Cassady Ave			12 01 2015				
	City	State Zip Code						
		OH 43209		Transaction ID : SB29.6006				
	Purpose of Disbursement							
			11 1	Amount of Each Disbursement this Period				
			Category/	350.00				
	Candidate Name							
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	Office Sought: House Disburser	nent For: 2018		300.00				
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	Office Sought:  House Senate President  Disburser			300.00				
_	Office Sought: House Disburser Senate	Primary Genera						
	Office Sought:  House Senate President State: District:	Primary General General Other (specify) ▼	al	1200.00				
s	Office Sought:  House Senate President  Disburser	Primary General General Other (specify) ▼	al					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 41 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling						
	Detailed Summary Page	21b	22 23	24 25 26				
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NAME OF COMMITTEE (In Full)								
OHIO STATE MEDICAL ASSOCIA	TION POLITICAL A	ACTION CC	MMITTEE (OS	MAPAC)				
Full Name (Last, First, Middle Initial)								
A. Citizens For Mike Duffey			Date of Disburseme	ent				
Mailing Address 645 Farrington Dr			10 20 2015					
City	State Zip Code		Transaction ID . 6	P20 6007				
	OH 43085		Transaction ID: S	5D29.000 <i>1</i>				
Purpose of Disbursement		· · ·	Amount of Each Dis	sbursement this Period				
Candidate Name		Category/		450.00				
		Type		150.00				
	nent For: 2016 Primary General							
	Other (specify)							
State: District:	(op)/ •							
Full Name (Last, First, Middle Initial)								
B. Citizens For Mike Duffey			Date of Disburseme	ent				
Mailing Address 645 Farrington Dr	Mailing Address 645 Farrington Dr							
,	State Zip Code OH 43085		Transaction ID : S	SB29.6008				
Purpose of Disbursement			Amount of Each Di	oburnoment this Period				
Candidate Name			Amount of Each Dis	sbursement this Period				
		Category/ Type		1000.00				
	nent For: 2016							
	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. Citizens For Niraj Antani			Date of Disburseme	_				
Mailing Address 8547 White Cedar Drive			12 02	2015				
Unit 321								
,	State Zip Code OH 45342		Transaction ID:	SB29.6011				
Purpose of Disbursement	43342							
			Amount of Each Dis	sbursement this Period				
Candidate Name	Candidate Name							
Office Sought: House Disburserr	nent For: 2016	Туре	7	,				
Senate	Primary General							
	Other (specify) ▼							
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 OF 63										
	EMIZED DISBURSEMENTS	Use sep		_	k only	_		•				<u></u>		
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	NAME OF COMMITTEE (In Full)													
	OHIO STATE MEDICAL ASSOCIA	TION F	POLITICAL A	ACTI	10	1 CC	IMC	MIT	TEE	E (C	SMA	٩PÆ	(C)	
_	Full Name (Last, First, Middle Initial)						Date of Dishurasment							
Α.	Citizens For Obhof									Date of Disbursement				
	Mailing Address 5206 Crown Pointe Drive		7.0.4						10 16 2015					
	City S Medina	State OH	Zip Code 44256					Trans	actio	on ID	: SB29	9.600	9	
	Purpose of Disbursement		44230	_										
				П.			Α	mount	t of E	Each	Disbur	seme	ent this	Period
	Candidate Name				egoi ype	ry/						,	50	00.00
		nent For: Primary Other (spe	General		<u>,,,                                  </u>				,					
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B.	Citizens For Obhof							ate of	f Disk		ement	Υ	Y	Y
	Mailing Address 5206 Crown Pointe Drive						12 02 2015							
	Medina	State OH	Zip Code 44256					Trans	sactio	on ID	: SB2	9.601	0	
	Purpose of Disbursement						Λ	mount	t of F	Each	Diebur	come	ant thic	Pariod
	Candidate Name			Category/ Type				Amount of Each Disbursement this Period 500.00						
	Senate	nent For: Primary	General					,						
	State: District:	Other (spe	ecity) 🔻											
C.	Full Name (Last, First, Middle Initial)  Citizens For Sayre						D	ate of	f Dist	burse	ment			
	Mailing Address 1045 4th St SW							12	/	18		Y	2015	Y
	City	State	Zip Code					T	4! .	ID	- CDO		2	
		ОН	44663					irans	sactio	טו חכ	: SB2	9.601	3	
	Purpose of Disbursement voided check from 2/23/09													
	Candidate Name			Cat	egoi	·y/	A	moun	t of E	Each	Disbur	seme		Period 50.00
	Office Sought: House Disbursen	nent For:	2010	'	ype			_		,	_	7	_	
		Primary	General											
	President	Other (spe												
_	State: District:	V • V • ▼												
s	UBTOTAL of Disbursements This Page (optional)					<b>&gt;</b>				,		,	75	0.00
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S	CHEDULE B (FEC Form 3X)		EOD LIN	NE NUMBER: PAGE 43 OF 63				
	EMIZED DISBURSEMENTS	Use separate schedule(s)	(check or	E NOMBEN.				
•		for each category of the Detailed Summary Page	21 27	b 22 23 24 25 26 28a 28b 28c X 29 30b				
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the name	nents may not be sold or us ne and address of any politi	sed by any pe cal committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL A	ACTION C	COMMITTEE (OSMAPAC)				
٨	Full Name (Last, First, Middle Initial)			Date of Disbursement				
A.	Citizens For Sears			M M / D D / Y Y Y				
	Mailing Address 3040 Byrnwyck W #113			12 30 2015				
	•	State Zip Code		Transaction ID : SB29.6014				
	Maumee Purpose of Disbursement	OH 43537						
	ruipose of disbuisement			Amount of Each Disbursement this Period				
	Candidate Name		Category/					
			Type	2000.00				
		nent For: 2016  Primary General  Other (specify)						
	State: District:							
	Full Name (Last, First, Middle Initial)							
В.	Citizens For Stephanie Kunze			Date of Disbursement				
	Mailing Address 865 Macon Alley			10 30 2015				
	City S	State Zip Code OH 43206		Transaction ID : SB29.6015				
	Purpose of Disbursement	43200		_				
				Amount of Each Disbursement this Period				
	Candidate Name		Category/ Type	500.00				
	Senate President	nent For: 2016  Primary General  Other (specify)						
_	State: District:							
C.	Full Name (Last, First, Middle Initial)  Citizens For Stephanie Kunze			Date of Disbursement				
	Mailing Address 865 Macon Alley			11 16 2015				
	City	State Zip Code		Transaction ID : SB29.6016				
		OH 43206		Transaction ib . 3D23.0010				
	Purpose of Disbursement							
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period 500.00					
		nent For: 2016						
		Primary General						
	State: District:	Other (specify) ▼						
г	District.							
s	UBTOTAL of Disbursements This Page (optional)		·····•	3000.00				
Т	OTAL This Period (last page this line number only)		·····•					

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 44 OF 63							
	EMIZED DISBURSEMENTS	Use separate schedule(s	(check only	TTO MIDELLA.						
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$\setminus$	NAME OF COMMITTEE (In Full)									
$ \; angle$	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL	<b>ACTION CO</b>	OMMITTEE (OSMAPAC)						
$\angle$				,						
	Full Name (Last, First, Middle Initial)			Data of Bishamanan						
A.	Committee For Jim Hughes			Date of Disbursement  12 18 2015						
	Mailing Address 14 E. Gay St									
	2nd Floor			12 10 2010						
	City	State Zip Code		Tanana dia u ID ODOS 0047						
	Columbus	OH 43215		Transaction ID: SB29.6017						
	Purpose of Disbursement Voided check from 2/23/09									
	Candidate Name			Amount of Each Disbursement this Period -300.00						
	Candidate Name		Category/							
	Office Sought: House Disburser	nent For: 2012	Туре							
	Senate	Primary General								
	President	Other (specify) ▼								
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	Committee To Elect Cliff Rosenber	ger		Date of Disbursement						
				M - M / D - D / Y - Y - Y - Y						
	Mailing Address 1173 Stone Run Ct			12 30 2015						
	City S	State Zip Code								
	Lancaster	OH 43130-2780		Transaction ID : SB29.6018						
	Purpose of Disbursement									
	O and I date Many			Amount of Each Disbursement this Period						
	Candidate Name		Category/	3000.00						
	Office Sought: House Disbursen	nent For: 2016	Туре							
		Primary General								
		Other (specify) ▼								
	State: District:									
Т	Full Name (Last, First, Middle Initial)									
C.	Committee To Elect Fred Strahorn			Date of Disbursement						
				M - M / D - D / Y - Y - Y - Y						
	Mailing Address 1173 Stone Run Ct			09 25 2015						
	City	State Zip Code								
	Lancaster	OH 43130-2780		Transaction ID: SB29.6020						
	Purpose of Disbursement									
				Amount of Each Disbursement this Period						
	Candidate Name		Category/	500.00						
	Office Sought: House Disburser	nent For: 2016	Туре							
	Senate Dispulser	Primary General								
	President	Other (specify)								
	State: District:	<b>₹1</b>								
s	UBTOTAL of Disbursements This Page (optional)			3200.00						
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$\mid \mid$	NAME OF COMMITTEE (In Full)		,,								
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$\angle$							(-				
Λ.	Full Name (Last, First, Middle Initial)					Date of Disbursement					
Α.	Committee To Elect Hite						_				
	Mailing Address 2417 Westmoor Rd					07 14 2015					
	•	State	Zip Code			Trans	saction ID	: SB29.6023			
	Findlay Purpose of Disbursement	ОН	45840-2847					. 0220.0020			
	ruipose oi dispuisement					Amoun	t of Each	Disbursement this Period			
	Candidate Name			Cated	ron/	-					
				Typ				300.00			
	Office Sought: House Disburser		2018								
		Primary	General								
	State: President State:	Other (sp	ecity) 🔻								
_	Full Name (Last, First, Middle Initial)										
В.	•					Date o	f Disbursei	ment			
						M = M	/ D	D / Y Y Y Y Y			
	Mailing Address 2417 Westmoor Rd					07	27	2015			
	,	State	Zip Code			Trans	saction ID	: SB29.6022			
	Findlay Purpose of Disbursement	ОН	45840-2847								
	Voided check from 7/14/15					Amoun	t of Each	Disbursement this Period			
	Candidate Name			Categ	nory/	-					
				Тур				-300.00			
	Office Sought: House Disbursen										
	Senate   X	Primary	General								
	State: District:	Other (sp	ecity) 🔻								
_	Full Name (Last, First, Middle Initial)										
C.	Committee To Elect Hite					Date o	f Disbursei	ment			
						M = M	/ D	D / Y Y Y Y Y			
	Mailing Address 2417 Westmoor Rd					12	01	2015			
	City S	State	Zip Code								
		OH	45840-2847			Trans	saction ID	: SB29.6024			
	Purpose of Disbursement				-	1					
	Candidate Name					Amoun	t of Each	Disbursement this Period			
	Candidate Name			Cateo Typ				350.00			
	Office Sought: House Disburser	nent For:	2018	ιyμ	) <del>C</del>	-	7	7			
	Senate	Primary	General								
	President	Other (sp	ecify) 🔻								
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								250.00			
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 46 OF 63							
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$\setminus$	NAME OF COMMITTEE (In Full)										
$  \rangle$	OHIO STATE MEDICAL ASSOCIA	TION POLIT	ICAL AC	CTION CO	OMMITTEE (OSMAPAC)						
Τ	Full Name (Last, First, Middle Initial)										
Α.	Committee To Elect Hite				Date of Disbursement						
	Mailing Address 2417 Westmoor Rd				12 18 2015						
	Cit.	Nata 7:- 0	\  -								
	City S Findlay	State Zip C OH 4584	ode 0-2847		Transaction ID : SB29.6350						
	Purpose of Disbursement	4304	0-2047								
	Voided Check from 8/7/08			011	Amount of Each Disbursement this Period						
	Candidate Name										
	OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION CO	MMITTEE (OSMAPAC)		Category/ Type	-250.00						
	Office Sought: House Disbursen	nent For: 8		.,,,,,							
	Senate	Primary X	General								
	President	Other (specify)									
	State: District:										
	Full Name (Last, First, Middle Initial)										
В.	Committee To Elect Manning				Date of Disbursement						
					M M / D D / Y Y Y Y						
	Mailing Address 5380 Barton Road				09 23 2015						
	•	State Zip C			Transaction ID : SB29.6025						
	North Ridgeville	OH 4403	9								
	Purpose of Disbursement		- 11		Amount of Fook Dishuranment this Davied						
	Candidate Name				Amount of Each Disbursement this Period						
	Candidate Name			Category/	375.00						
	Office Sought: House Disbursen	nent For: 2018		Туре							
			General								
	President	Other (specify)									
	State: District:	€ ii.e. (epee.iy) •									
_	Full Name (Last, First, Middle Initial)										
C.	Cupp For State Representative Co	mmittee			Date of Disbursement						
-	Cupp I of State Representative Co	minitee			M M / D D / Y Y Y Y						
	Mailing Address 3003 W. Hume Road				09 08 2015						
	•										
	City	State Zip C	ode		Transaction ID : SB29.6026						
		OH 4580	6		Transaction ib . 3D23.3020						
	Purpose of Disbursement		- Ir								
					Amount of Each Disbursement this Period						
	Candidate Name			Category/	125.00						
	Office County			Туре	120.00						
		nent For: 2016	Concust								
	Senate	,	General								
	State: District:	Other (specify)	•								
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_ ا	UDTOTAL ACRIMAN TO THE STATE OF				250.00						
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SCHEDULE B (F	EC Form 3X)			FOR LINE NUMBER: PAGE 47 OF 63							
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		for each category of the Detailed Summary Page			21b	22	23 24 25				
		201404			27	28a	28b 28c 🗙 29				
							urpose of soliciting contributions				
		ne and add	ress of any politi	cal com	mittee to	solicit contr	ibutions from such committee.				
NAME OF COMMITTEE	•	TION D	OLITIOAL A	л ОТI	NI 00	N 48 41 <del>7.</del> 7	TE (OOMADAO)				
/ OHIO STATE M	EDICAL ASSOCIA	TION P	OLITICAL A	ACTIC	ON CC	)MIMIT I E	EE (OSMAPAC)				
Full Name (Last, First, N	Middle Initial)										
A. Due Amici	,					Date of D	Disbursement				
						M M	/ D D / Y Y Y Y				
Mailing Address 67 E. G	ay St					11 11 2015					
City	State	Zip Code									
Columbus	OH	43215			Transaction ID : SB29.6360						
Purpose of Disbursemer				-		Amount of Each Disbursement this Period					
In kind contribution for n	neals				.						
Candidate Name				Cate	gory/	57.56					
Stephanie Kunze				Ту	pe		37.00				
	House Disburser Senate	nent For: Primary	General								
	President	Other (spe									
State: Distric	et:	(0)00	2016								
Full Name (Last, First, M	Middle Initial)										
B. Due Amici						Date of D	Disbursement				
						M = M	/ D D / Y Y Y Y				
Mailing Address 67 E. C	Gay St					11	11 2015				
City		State	Zip Code								
Columbus	`	OH	43215			Transac	ction ID : SB29.6361				
Purpose of Disbursemer											
In kind contribution for r	neals					Amount o	of Each Disbursement this Perio				
Candidate Name					gory/		57.56				
Mike Duffey Office Sought:	House Disburser	nent For:	2016	ly	pe						
	_	Primary	General								
	President	Other (spe									
State: Distric	et:		•								
Full Name (Last, First, M	Middle Initial)										
C. Due Amici						Date of D	Disbursement				
Moiling Address 07.5.0	OI					M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 67 E. G	ay St					11	11 2015				
City	(	State	Zip Code			Transac	ction ID : SB29.6362				
Columbus		ОН	43215			Transac	MON ID : 3B29.0302				
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	Senate	Primary	General								
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 48 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	21b	22 23 28b	24 25 26 28c <b>X</b> 29 30b				
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or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
$ \hspace{.05cm}  angle$ OHIO STATE MEDICAL ASSOCI $\prime$	ATION POLITICAL A	ACTION CC	OMMITTEE (OS	MAPAC)				
Full Name (Last, First, Middle Initial)								
A. Fende For State Representative			Date of Disburseme	ent				
Mailing Address 372 E 328th St			12 18 2015					
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City	State Zip Code		Transaction ID : S	SB29.6028				
Eastlake Purpose of Disbursement	OH 44095-3308							
voided check from 3/24/09			Amount of Each Di	sbursement this Period				
Candidate Name		Category/		250.00				
		Type		-350.00				
Office Sought: House Disburse	ment For: 2010 Primary General							
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B. Friends Of Bill Coley			Date of Disburseme					
Mailing Address 8265 Cherry Laurel Dr			07 14	2015				
				20,0				
City	State Zip Code OH 45044		Transaction ID:	SB29.6030				
Liberty Township Purpose of Disbursement	OH 45044							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  OHIO STATE MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (OSMAPAC)  Full Name (Last, First, Middle Initial)  A. Friends Of Ed Herman  Mailing Address 19885 Detroit Rd Ste 299  City State Zip Code OH 44116  Purpose of Disbursement Voided check from 10/4/06  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)	SCHEDULE B (FEC Form 3X)												OF 63
Detailed Summary Page 27 28a 28b 28c 22 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solidon commitments or for commercial purposes, other than using the name and address of any opelical commitments to solidon commitments or solidon commitments or for commercial purposes, other than using the name and address of any opelical commitments to solidon commitments or solidon commitments o	ITI	EMIZED DISBURSEMENTS			) (cl		<i></i>		ا ۵۰ ا			7.05	
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Office Sought: House Disbursement For: 2010 Senate President Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)							Amou	unt of	Each [	Disbu	rsemen	it this f	Period
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Senate President Other (specify) V  Subtrotal of Disbursements This Page (optional)		Office Sought: House Dishursen	nont For:	2010	Ту	уре		_	7	_	7	2000	.00
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SUBTOTAL of Disbursements This Page (optional)			•										
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S	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 OF 63					
	•	Use sena	arate schedule(s)	FOR LINE I	THO MIDELLE.				
П	EMIZED DISBURSEMENTS	for each	category of the	(check only	22 23 24 25 26				
			Summary Page	27					
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	y information copied from such Reports and Statem								
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal committee to	solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)								
$  \ \rangle$	OHIO STATE MEDICAL ASSOCIA	TION P	OLITICAL A	ACTION CC	MMITTEE (OSMAPAC)				
$\mathbb{Z}$					(30				
	Full Name (Last, First, Middle Initial)								
A.	Friends Of John Eklund		Date of Disbursement						
					M M / D D / Y Y Y Y				
	Mailing Address 12040 Burlington Gled Dr				10 27 2015				
	-								
	City	State	Zip Code		T (' ID ODGG 0000				
	Cahrdon	OH	44024		Transaction ID : SB29.6038				
	Purpose of Disbursement								
					Amount of Each Disbursement this Period				
	Candidate Name			Catagory					
				Category/ Type	350.00				
	Office Sought: House Disbursen	nent For: 2	 2018	.,,,,,	,				
		Primary	General						
		Other (spec							
	State: District:	Other (oper	5iiy) <b>▼</b>						
_	Full Name (Last, First, Middle Initial)								
В.					Date of Disbursement				
υ.	Friends Of Lance T Mason								
	Mailing Address (Transfer				M M / D D / Y Y Y Y				
	Mailing Address 17111 Kenyon Rd				12 18 2015				
	City.	Ptoto .	Zin Codo						
	,	State OH	Zip Code 44120		Transaction ID : SB29.6040				
	Purpose of Disbursement	011	44120						
	Voided Check from from 9/19/2007				Amount of Each Disbursement this Period				
	Candidate Name				Amount of Each Biobardoment this Feriod				
	Canadato Hamo			Category/	-300.00				
	Office Sought: House Disbursen	nent For: 2	2000	Туре					
		Primary	General						
		Other (spec	ony) 🔻						
_	State: District:								
_	Full Name (Last, First, Middle Initial)				B (B) !				
C.	Friends Of Lance T Mason				Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address 17111 Kenyon Rd				12 18 2015				
	01	21-1-	7:- 0- !						
	,	State OH	Zip Code 44120		Transaction ID : SB29.6041				
	Cleveland Purpose of Disbursement	ОН	441ZU						
	voided check from from 3/28/2008								
	Candidate Name				Amount of Each Disbursement this Period				
	Candidate Name			Category/	-300.00				
	Office Cought.	T		Туре					
		nent For: 2							
		Primary	General						
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SCHEDULE B (FEC Form 3X)		llee congrete co	hedulo(a)	FOR LINE NUMBER: PAGE 51 OF 63						
ITE	MIZED DISBURSEMENTS	Use separate so for each categor Detailed Summa	y of the	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b					
	r information copied from such Reports and Staten or commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSOCIA									
_	Full Name (Last, First, Middle Initial)				Data of Dishumanant					
Α.	Friends Of Linda Bolon				Date of Disbursement					
į	Mailing Address 43 Pueblo Ln				12 18 2015					
		State Zip C OH 4440			Transaction ID : SB29.6043					
	Columbiana Purpose of Disbursement	OH 4440	8							
	voided check from 3/2/09			: :	Amount of Each Disbursement this Period					
i	Candidate Name			Category/ Type	-250.00					
	Senate President	nent For: 2010 Primary Other (specify)	General	Туре						
	State: District:									
	Full Name (Last, First, Middle Initial) Friends Of Lou Gentile				Date of Disbursement					
İ	Mailing Address 500 Luray Dr				10 27 2015					
	City Wintersville Purpose of Disbursement	State Zip C OH 4395			Transaction ID : SB29.6044					
,	-urpose of Disbursement				Amount of Each Disbursement this Period					
	Candidate Name			Category/ Type	250.00					
		nent For: 2016 Primary (Other (specify)	General							
	Full Name (Last, First, Middle Initial) Friends Of Matthew J Dolan				Date of Disbursement					
-	Mailing Address 865 Macon Alley				08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
		State Zip C			Transaction ID : SB29.6047					
	Columbus Purpose of Disbursement	OH 4320	6							
į	Candidate Name			Category/ Type	Amount of Each Disbursement this Period 500.00					
	Office Sought:    House   Disbursen	nent For: 2016 Primary (Other (specify)	General							
H	JBTOTAL of Disbursements This Page (optional)  DTAL This Period (last page this line number only)				500.00					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 52 OF 63						
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ITEMIZED DISBURSEMENTS	for each category of the	21b						
	Detailed Summary Page	27	28a 28b 28c X 29 30b					
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NAME OF COMMITTEE (In Full)								
OHIO STATE MEDICAL ASSOCIA	TION DOLITION A		MMITTEE (OSMADAC)					
/ OF IIO STATE WEDICAL ASSOCIA	HON FULLITUAL F	ACTION CC	DIVINITI TEE (OSIVIAPAC)					
Full Name (Last, First, Middle Initial)								
A. Friends Of Matthew J Dolan			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 865 Macon Alley			12 18 2015					
•	State Zip Code		Transaction ID : SB29.6046					
Columbus Purpose of Disbursement	OH 43206		<del></del>					
Voided check from 10/4/06			Amount of Each Disbursement this Period					
Candidate Name			Amount of Each Producement this I chou					
		Category/ Type	-1500.00					
Office Sought: House Disbursem	nent For: 2006	Турс						
	Primary General							
	Other (specify) ▼							
State: District:	• • • •							
Full Name (Last, First, Middle Initial)								
B. Friends Of Mike Henne			Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address 8447 N Diamond Mill Rd			08 05 2015					
•	State Zip Code OH 45315		Transaction ID : SB29.6049					
Clayton Purpose of Disbursement	45515							
			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type	500.00					
Office Sought: House Disbursem	nent For: 2016							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
C. Friends Of Nicholas J Celebrezze			Date of Disbursement					
Moiling Address 2011 C LD:			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 2344 Canal Rd			12 16 2015					
City	state Zip Code							
,	OH 44113		Transaction ID: SB29.6051					
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
Office Courbby		Туре	300.00					
	nent For: 2016							
	Primary General Other (specify) ▼							
State: District:	Other (specify)							
State. District.								
SUPTOTAL of Diphuropments This Dags (actions)		_	-500.00					
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 53 OF 63						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	21b 27	22 23 28b	24 25 26 28c <b>X</b> 29 30b				
Any information copied from such Reports and Staten	l nents may not he sold or us							
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
$ \:  angle$ OHIO STATE MEDICAL ASSOCIA	TION POLITICAL A	ACTION CC	MMITTEE (OS	MAPAC)				
Full Name (Last, First, Middle Initial)								
A. Garrison For Ohio			ent					
		M M / D D / Y Y Y						
Mailing Address 427 5th St			12 18	2015				
City	State Zip Code							
Marietta	OH 45750		Transaction ID : S	B29.6053				
Purpose of Disbursement voided check from 3/2/09								
Candidate Name			Amount of Each Dis	sbursement this Period				
Candidate Name		Category/ Type		-500.00				
Office Sought: House Disbursen	nent For: 2010	71	,					
	Primary General							
State: President State:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Goodwin For Representative			Date of Disburseme	ent				
·			M M / D D	/				
Mailing Address 11932 Harris Rd			12 18	2015				
	State Zip Code		Transaction ID : S	B29.6055				
Defiance Purpose of Disbursement	OH 43512							
Voided check from 8/7/2008	d check from 8/7/2008			sbursement this Period				
Candidate Name		Category/		-250.00				
Office Sought: House Disbursen	nent For: 2008	Туре	7	250.00				
	Primary Seneral							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			Data of Dialaman	1				
C. Hackett For Ohio			Date of Disburseme	/ Y Y Y Y				
Mailing Address 2050 Palouse Dr			07 23	2015				
,	State Zip Code OH 43140		Transaction ID: S	B29.6057				
Purpose of Disbursement	40140							
				sbursement this Period				
Candidate Name	Candidate Name			500.00				
Office Sought: House Disbursen	nent For: 2016	Туре		7				
	Primary General							
President	Other (specify) ▼							
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SCHEDULE B (FI			FOR LINE NUMBER: PAGE 54 OF 63							
ITEMIZED DISBUF	•		arate schedule(s)		neck only	Nomber:				
II LIVIILLU DIODUF		for each category of the Detailed Summary Page			21b	22 23 24 25 26				
		Detailed	Summary Fage		27	28a 28b 28c X 29 30b				
						son for the purpose of soliciting contributions				
or for commercial purposes	, other than using the nam	ne and add	ress of any politi	cal com	mittee to	o solicit contributions from such committee.				
NAME OF COMMITTEE										
$ \:  angle$ OHIO STATE MI	EDICAL ASSOCIA	TION P	OLITICAL A	ACTI(	ON CO	OMMITTEE (OSMAPAC)				
/										
Full Name (Last, First, N	,					Date of Disbursement				
A. Huntington Natio	Huntington National Bank									
Mailing Address 41 S Hid	Mailing Address 41 S High St					12 31 2015				
J 20 10 11 5 11.	9.1 01									
City	Ç	State	Zip Code			Transaction ID : SB29.6059				
Columbus		ОН	43287			Transaction ib . 3B29.0039				
Purpose of Disbursemen Bank Fees	t			0	01	Amount of Each Disbursement this Period				
Candidate Name						Amount of Each Dispulsement this Period				
Candidate Name					egory/ /pe	45.00				
Office Sought:	House Disbursen	nent For:	 2016	.,	рс					
	Senate	Primary	General							
F	President	Other (spe	cify) 🔻							
State: Distric	et:									
Full Name (Last, First, M	•									
B. Husted For Ohio	)			Date of Disbursement						
Mailian Adduses 449.00						M M / D D / Y Y Y Y				
Mailing Address 148 Sh	erbrooke Dr					12 18 2015				
City		State	Zip Code			Towns at law ID ODGG GGG4				
Kettering		OH	45429			Transaction ID : SB29.6061				
Purpose of Disbursemen voided check from 3/24/					-					
Candidate Name					Amount of Each Disbursement this Period					
Candidate marrie					gory/	-500.00				
Office Sought:	House Disbursen	nent For:	2012	1 y	/pe					
· H		Primary	General							
F		Other (spe	cify) 🔻							
State: Distric	et:									
Full Name (Last, First, M	Middle Initial)									
C. Jack Cera For St	tate Representativ	е				Date of Disbursement				
A4 ''' A 11						M M / D D / Y Y Y Y				
Mailing Address 63899 \	/iolet Lane					09 25 2015				
City	5	State	Zip Code							
Bellaire		ОН	43096			Transaction ID : SB29.6062				
Purpose of Disbursemen	t				-					
						Amount of Each Disbursement this Period				
Candidate Name				egory/	350.00					
Office Sought:	House Disbursen	nent For:	2016	ľy	/pe					
	Senate Disbursen	Primary	2016 General							
	President	Other (spe								
State: Distric	et:	(-1	<i>y</i> , <b>▼</b>							
	I									
SUBTOTAL of Disburseme	ents This Page (optional)					-105.00				
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SCHEDULE B (FEC Form 3X)			<i>(</i> )	FOR LINE NUMBER: PAGE 55 OF 6						
IT	EMIZED DISBURSEMENTS	Use separate schedule for each category of the		(check only						
		Detailed Summary Pag		21b 27	22 28a	23 28b	24 25 26 28c <b>X</b> 29 30b			
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	for commercial purposes, other than using the name									
$\setminus$	NAME OF COMMITTEE (In Full)									
$ \rangle$	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL	_ AC	CTION CC	MMIT	ΓΕΕ (OS	MAPAC)			
<u></u>	Full Name (Last, First, Middle Initial)									
A.	Jimmy Stewart For State Senate				Date of	Disburseme	ent			
	Mailing Address 1021 Four Mile Creek Rd			12 18 2015						
	Mailing Address 1021 Four Mile Creek Rd				12	18	2013			
	•	State Zip Code			Trans	action ID : S	SB29 6064			
	Coolville Purpose of Disbursement	OH 45723			Trans		,220,000 1			
	voided check from 2/23/09		П		Amount	of Each Dis	sbursement this Period			
	Candidate Name		7 '	Category/			-350.00			
	Office Sought: House Disbursen			Туре		-	-350.00			
		nent For: 2012 Primary Genera	al							
		Other (specify) ▼								
	State: District:									
В.	Full Name (Last, First, Middle Initial)				Data of	Diebureeme	ant.			
В.	LaRose For Senate				M = M	Disburseme	/ <b>Y Y Y Y</b>			
	Mailing Address 553 Royal Crest				11	04	2015			
	•	State Zip Code			Trans	action ID : S	SB29.6065			
	Copley Purpose of Disbursement	OH 44321								
	. 4.600 0. 2.004.00				Amount	of Each Dis	sbursement this Period			
	Candidate Name	Category/					350.00			
	Office Sought: House Disbursen	nent For: 2018		Туре		,	030.00			
		Primary Genera	ıl							
		Other (specify) ▼								
	State: District:									
C	Full Name (Last, First, Middle Initial)  LaTourette For Ohio				Date of	Disburseme	ant			
٠.	La rourelle Foi Offio				M M	/ D D	/			
	Mailing Address 7082 Oak St				10	21	2015			
	•	State Zip Code			Trans	action ID : 9	SB29.6066			
	Bainbridge Purpose of Disbursement	OH 44021								
	ruipose oi Dispursement				Amount	of Each Dis	sbursement this Period			
	Candidate Name			Category/ Type			500.00			
	Office Sought: House Disbursen	nent For: 2016		71		,				
		Primary General	al							
	State: President State:	Other (specify) ▼								
Г	2.0				-					
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 OF 63						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one)  22 23 24 25 26  28a 28b 28c X 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) OHIO STATE MEDICAL ASSOCIA								
Full Name (Last, First, Middle Initial)								
A. Manning For Ohio			Date of Disbursement					
Mailing Address 7064 Avon Belden Rd			09 23 2015					
,	tate Zip Code OH 44039		Transaction ID : SB29.6068					
North Ridgeville Purpose of Disbursement	OH 44039							
Candidate Name			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	375.00					
Senate President	nent For: 2016  Primary General  Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)  B. Ohioans For Fair And Independent	Judges		Date of Disbursement					
Mailing Address 5775 Perimeter Dr Ste 200			12 18 2015					
,	tate Zip Code OH 43017		Transaction ID : SB29.6078					
Voided Check from 4/4/05			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	-7500.00					
Senate	ent For: 2005  Primary General  Other (specify)							
Full Name (Last, First, Middle Initial)  C. Ohioans For Fair And Independent	Judges		Date of Disbursement					
Mailing Address 5775 Perimeter Dr Ste 200			12 18 2015					
Dublin	tate Zip Code OH 43017		Transaction ID : SB29.6079					
Purpose of Disbursement Voided Check from 1/5/05 Candidate Name		Category/ Type	Amount of Each Disbursement this Period -2500.00					
Senate	nent For: 2005 Primary General Other (specify)	31.5						
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11	LIVIIZED DISDUNSEIVIEN IS	for each category of the		21b						
		Detailed Summary	rage	27	28a 28b 28c	X 29 30b				
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or	for commercial purposes, other than using the nam	e and address of any	politica	I committee to	solicit contributions from suc	ch committee.				
	NAME OF COMMITTEE (In Full)									
angle	OHIO STATE MEDICAL ASSOCIA	TION POLITIC	AL A	CTION CO	MMITTEE (OSMAF	PAC)				
$\angle$					`	,				
٨	Full Name (Last, First, Middle Initial)	1 1			Date of Disbursement					
Α.	Ohioans For Fair And Independent	Juages								
	Mailing Address 5775 Perimeter Dr				M M / D D / 12 18	2015				
	Ste 200									
	City	State Zip Code	9		Transaction ID : SB29.6	080				
	Dublin	OH 43017			Transaction iD . 3623.0	000				
	Purpose of Disbursement Voided Check from 4/19/05				Amount of Fook Dichuros	ment this Deried				
	Candidate Name				Amount of Each Disburse	ment this Fellou				
	Candidate Name			Category/ Type		-1200.00				
	Office Sought: House Disbursen	nent For: 2005		Турс						
	Senate	Primary Ger	neral							
	President	Other (specify) ▼								
	State: District:									
_	Full Name (Last, First, Middle Initial)									
В.	Ohio House Republican Organizati	onal Committe	е		Date of Disbursement					
	Mailing Address (STON)				M M / D D /	2045				
	Mailing Address 4679 Winterset Dr			10 06	2015					
	City	State Zip Code	<del></del>		Transaction ID - CD00 0	2000				
	Columbus	OH 43220			Transaction ID : SB29.6	0069				
	Purpose of Disbursement									
	Candidate Name	Category/			Amount of Each Disbursement this Period 500.00					
	Candidate Name									
	Office Sought: House Disbursen	nent For: 2016		Туре						
			neral							
		Other (specify) ▼								
	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	Ohio House Republican Organizati	onal Committee	е		Date of Disbursement					
					M M / D D /	7 Y Y Y Y				
	Mailing Address 4679 Winterset Dr				12 16	2015				
	City S	State Zip Code	<del></del>							
	Columbus	OH 43220			Transaction ID : SB29.6	070				
	Purpose of Disbursement									
					Amount of Each Disburse	ment this Period				
	Candidate Name			Category/	500.00					
	Office Sought: House Disbursen	nent For: 2016		Туре		333.30				
	Senate Disbursen		neral							
		Other (specify)	.5.41							
	State: District:	(1 · J) <b>∀</b>								
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s	UBTOTAL of Disbursements This Page (optional)					-200.00				
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[т	OTAL This Period (last page this line number only)									

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 58 OF 63							OF 63			
	EMIZED DISBURSEMENTS	Use separat	1 -			ly one)							
		for each category of the Detailed Summary Page			$\Box$	21b 27	22 28a		23 28b	24		25 <b>〈</b> 29	26 30b
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	NAME OF COMMITTEE (In Full)												
	OHIO STATE MEDICAL ASSOCIA	TION POI	LITICAL A	CTIO	NC	СО	MMIT	TE	E (C	SMA	PΑ	C)	
_	Full Name (Last, First, Middle Initial)		_				<b>.</b>						
Α.	Ohio House Republican Organizati	onal Comi	mittee				Date of Disbursement						
	Mailing Address 4679 Winterset Dr						12	_	3	0	2	2015	
	,		p Code				Tran	sacti	ion ID	: SB29	.6071		
	Columbus Purpose of Disbursement	OH 4	3220										
	·						Amou	nt of	Each	Disburs	semer	nt this	Period
	Candidate Name			Cate Ty	egory /pe	//		Ξ	,			1500	0.00
		nent For: 2010 Primary Other (specify)	General										
	State: District:		•										
	Full Name (Last, First, Middle Initial)												
В.	Ohio Legislative Black Caucus						Date			ement	Υ	Y Y	Y
	Mailing Address 545 E Town St						12	_	1	8	2	2015	
	Columbus		p Code 3215				Tran	sact	ion ID	: SB29	.6072	2	
	Purpose of Disbursement Voided Check from 4/4/05			П	Ţ	٦	Amount of Each Disbursement this Period				Period		
	Candidate Name			Cate	gory pe	//			,			-150	0.00
		nent For: 201 Primary Other (specify)	General										
	State: District:												
<del>С</del> .	Full Name (Last, First, Middle Initial) Ohio Republican Party						Date	of Dis	sburse	ement			
	Mailing Address 211 S. 5th St						08	M /	2	B /		2015	Y
	City	State Z	ip Code										
			3215				Tran	sact	ion ID	: SB29	.6074	ļ	
	Candidate Name				Ξ		Amou	nt of	Each	Disburs	semer	nt this	Period
				Cate Ty	egory /pe	//		Ξ	,			200	0.00
	Senate	Primary	General										
	State: President State:	Other (specify)	▼										
s	UBTOTAL of Disbursements This Page (optional)					<b>&gt;</b>			, ,			1550	0.00
Т	OTAL This Period (last page this line number only)					<b>•</b>			1				

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 59 OF 63						
	EMIZED DISBURSEMENTS	Use separate schedu		s) (check only one)						
11	EIVIIZED DIODUROEIVIEN IO	for each category of		21b						
		Detailed Summary P	age	27	28a 28b 28c X 29 30b					
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$\mid$	NAME OF COMMITTEE (In Full)	,	-							
$  \rangle$	OHIO STATE MEDICAL ASSOCIA	TION POLITICA	ΔΙ Δ	CTION CO	MMITTEE (OSMAPAC)					
	OTHO OTHER MEDICAL ACCOUNT	THOIT OLITION	\L / \C	31101100	William (Collina 70)					
_	Full Name (Last, First, Middle Initial)									
A.	Ohio Republican Party				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address 211 S. 5th St				12 01 2015					
	City	State 7in Code								
	Columbus	State Zip Code OH 43215			Transaction ID : SB29.6075					
	Purpose of Disbursement	43213								
	,				Amount of Each Disbursement this Period					
	Candidate Name			Category						
				Category/ Type	2500.00					
	Office Sought: House Disbursen	nent For: 2016								
	Senate	Primary Gene	eral							
	President	Other (specify) ▼								
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	Ohio Senate Democratic Caucus				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address 545 E Town St				12 18 2015					
	City	Otata 7:- 0 - 1 -								
	City S Columbus	State Zip Code OH 43215			Transaction ID : SB29.6076					
	Purpose of Disbursement	40210								
	Voided Check from 6/27/05				Amount of Each Disbursement this Period					
	Candidate Name	Category/								
				Type	-300.00					
	Office Sought: House Disbursen	nent For: 2005		-						
		Primary Gene	eral							
		Other (specify) ▼								
	State: District:									
_	Full Name (Last, First, Middle Initial)									
C.	Peterson For Good Government				Date of Disbursement					
	Mailing Address 553: O. D T.				M M / D D / Y Y Y Y					
	Mailing Address 5564 Grassy Branch Road				08 20 2015					
	City S	State Zip Code								
		OH 45169			Transaction ID : SB29.6081					
	Purpose of Disbursement									
				[]	Amount of Each Disbursement this Period					
	Candidate Name			Category/	500.00					
				Type	500.00					
		nent For: 2018	_							
	Senate	Primary Gene	eral							
		Other (specify) ▼								
_	State: District:									
					2700.00					
Ls	UBTOTAL of Disbursements This Page (optional)			······	2700.00					
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 60 OF 63						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.					
	for each category of the Detailed Summary Page	21b						
	Betailed Guillinary 1 age	27	28a 28b 28c 🔀 29 30b					
Any information copied from such Reports and State	ments may not be sold or us	sed by any perso	on for the purpose of soliciting contributions					
or for commercial purposes, other than using the na	ne and address of any politic	cal committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
$ \; angle$ OHIO STATE MEDICAL ASSOCIA	ATION POLITICAL A	ACTION CO	DMMITTEE (OSMAPAC)					
			,					
Full Name (Last, First, Middle Initial)								
A. Peterson For Good Government			Date of Disbursement					
			M   M / D   D / Y   Y   Y   Y					
Mailing Address 5564 Grassy Branch Road			10 16 2015					
City	State Zip Code							
Sabina	OH 45169		Transaction ID : SB29.6082					
Purpose of Disbursement	45109							
Turpose of Biobarcomone			Amount of Each Disbursement this Period					
Candidate Name								
		Category/ Type	500.00					
Office Sought: House Disburse	ment For: 2018	1,700	, , , , , , , , , , , , , , , , , , , ,					
Senate	Primary General							
President	Other (specify) ▼							
State: District:	(-							
Full Name (Last, First, Middle Initial)								
B. Republican Senate Campaign Cor	nmittee		Date of Disbursement					
Republican denate dampaign dei	mintoo		M = M / D = D / Y = Y = Y					
Mailing Address 4679 Winterset Dr			10 06 2015					
City	State Zip Code		Transaction ID : SB29.6083					
Columbus	OH 43220		Transaction id . 3D23.0003					
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Туре	2555.55					
	ment For: 2016							
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)			B					
C. Republican Senate Campaign Cor	nmittee		Date of Disbursement					
Matter Address (OTO ME)			M M / D D / Y Y Y Y					
Mailing Address 4679 Winterset Dr			12 18 2015					
City	State Zip Code							
Columbus	OH 43220		Transaction ID : SB29.6351					
Purpose of Disbursement	10220							
Voided contribution from 10/6/10		1	Amount of Each Disbursement this Period					
Candidate Name		Category/	Amount of Edon Biobardoment this Foriod					
		Type	-211.63					
Office Sought: House Disburse	ment For: 2010							
Senate	Primary General							
President	Other (specify) ▼							
State: District:	•							
State. District.								
State. District.		l l						
SUBTOTAL of Disbursements This Page (optional).			2788.37					
		<b>&gt;</b>	2788.37					

S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 61 OF 63							
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only			one)					
			Summary Page		Ш	21b	22		23 29h	24	25	
_	winformation against from such D		mak har satis			27	28a		28b	28c	X 29	
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$\mid$	NAME OF COMMITTEE (In Full)		2 1									
$ \; angle$	OHIO STATE MEDICAL ASSOCIA	TION F	OLITICAL A	CTI	ON	l COI	MMIT	TEE	E (O	SMAF	PAC)	
$\angle$									, -			
Δ	full Name (Last, First, Middle Initial) Seitz For Senate Committee					Date of Disbursement						
۸.	Senz for Senate Committee						M M / D D / Y Y Y Y					
	Mailing Address 4401 Abby Court					09 23 2015						
	City S Cincinnati	State OH	Zip Code 45248				Trans	actio	n ID	: SB29.6	084	
	Purpose of Disbursement	<b></b>	70270		_							
					_		Amount	t of E	Each	Disburse	ment this	s Period
	Candidate Name				egory	y/		-	_		3	50.00
	Office Sought: House	ant Far	0040	Ty	ype						,	33.00
		nent For: Primary	2016 General									
	President	Other (spe										
	State: District:		· •									
_	Full Name (Last, First, Middle Initial)											
В.	Sprague For State Representative						Date of Disbursement					
	Mailing Address 220 W Sanduals St						M M M	/	0,		2015	
	Mailing Address 220 W Sandusky St						IZ		Ų		2013	
	•	State	Zip Code				Trans	sactio	on ID	: SB29.6	085	
	Findlay Purpose of Disbursement	ОН	45840								- <del>-</del>	
	i dipose of Disbuisement			П.			Amount	t of E	Each	Disburse	ment this	s Period
	Candidate Name			Cate	egory	v/		-	_			
					ype	<i>y</i> ,					3	50.00
		nent For:										
		Primary Other (spe	General									
	State: District:	Outer (spe	.ciiy) ▼									
_	Full Name (Last, First, Middle Initial)											
C.	Team Burke						Date of	f Dist	oursei	ment		
	Molling Address 074W at 0					M M / D D / Y Y Y Y				Y		
	Mailing Address 274 W. 4th Street						10		27		2015	
	City	State	Zip Code				<b></b>		!~	. 0000	2007	
	Marysville	ОН	43040				Trans	sactio	on ID	: SB29.6	087	
	Purpose of Disbursement			_	-							
	Candidate Name			<u></u>	_	4	Amount	t of E	Each	Disburse	ment this	s Period
					egory ype	′y/					5	00.00
	Office Sought: House Disbursen	nent For:	2016		- •					- 7		
		Primary	General									
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	EMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBELL.				
11	LIVIIZED DISDUNSEIVIEN IS	for each category of the	21b	22 23 24 25 26				
		Detailed Summary Page	27	28a 28b 28c X 29 30b				
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	for commercial purposes, other than using the name							
$\setminus$	NAME OF COMMITTEE (In Full)							
$  \rangle$	OHIO STATE MEDICAL ASSOCIA	TION POLITICAL A	ACTION CO	OMMITTEE (OSMAPAC)				
$\angle$								
	Full Name (Last, First, Middle Initial)							
A.	Team Burke	Date of Disbursement						
	Mailing Address OTANA 44 Oc.	12 18 2015						
	Mailing Address 274 W. 4th Street							
	City	State Zip Code						
	Marysville	OH 43040		Transaction ID: SB29.6086				
	Purpose of Disbursement							
	voided check from 3/9/09			Amount of Each Disbursement this Period -250.00				
	Candidate Name		Category/					
	Office Cought: House	ment Ferr 2012	Type	255.55				
		nent For: 2010 Primary General						
	President	Other (specify)						
	State: District:	omio (opoony) ▼						
	Full Name (Last, First, Middle Initial)							
В.			Date of Disbursement					
			M M / D D / Y Y Y Y					
	Mailing Address 601 Underwood St		07 14 2015					
	PO Box 69							
		State Zip Code OH 43702-0069		Transaction ID : SB29.6089				
	Zanesville Purpose of Disbursement	OH 43702-0069						
				Amount of Each Disbursement this Period				
	Candidate Name		Category/					
			Type	350.00				
	Office Sought: House Disburser	ment For: 2016						
		Primary General						
	President	Other (specify) ▼						
_	State: District:							
_	Full Name (Last, First, Middle Initial)			Data of Diahuraamant				
U.	Troy Balderson For State Senator			Date of Disbursement				
	Mailing Address 601 Underwood St		09 16 2015					
	PO Box 69							
	City	State Zip Code		Transaction ID : SB29.6088				
		OH 43702-0069		11a115aCtiOi1 ID . 3D23.0000				
	Purpose of Disbursement Void check from 9/4/14							
	Candidate Name			Amount of Each Disbursement this Period				
	Candidate Name		Category/	-500.00				
	Office Sought: House Disburser	ment For: 2016	Туре					
	Senate	Primary General						
	President	Other (specify)						
	State: District:	•						
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s	SUBTOTAL of Disbursements This Page (optional)			-400.00				
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 63 OF 63						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only						
	Detailed Summary Page	21b	22 23	24 25 26 28c <b>Y</b> 29 30b				
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NAME OF COMMITTEE (In Full)								
OHIO STATE MEDICAL ASSOCIA	ATION POLITICAL A	CTION CC	OMMITTEE (OS	SMAPAC)				
Full Name (Last, First, Middle Initial)								
A. Troy Balderson For State Senator	Date of Disbursement							
Mailing Address 601 Underwood St			09 23 2015					
PO Box 69								
City	State Zip Code OH 43702-0069		Transaction ID:	SB29.6091				
Zanesville Purpose of Disbursement	OH 43702-0069							
Talpose of Disbarsement			Amount of Each Di	sbursement this Period				
Candidate Name		Category/						
		Type		500.00				
	ment For: 2016							
Senate President	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Troy Balderson For State Senator			Date of Disburseme					
Mailing Address 601 Underwood St			11 04 2015					
PO Box 69		11 04	2010					
City Zanesville	State Zip Code OH 43702-0069		Transaction ID:	SB29.6090				
Purpose of Disbursement	43702-0009							
			Amount of Each Di	sbursement this Period				
Candidate Name		Category/		250.00				
		Type		350.00				
	ment For: 2016							
Senate President	Primary General Other (specify) ▼							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
C.			Date of Disburseme	ent				
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Candidate Name		Category/ Type						
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